

## STATE HEALTH BENEFITS PROGRAM

## PERCENTAGE OF PREMIUM CALCULATION CHARTS

For Health Benefit Contributions under Chapter 78, P.L. 2011

**(State Monthly Employees — Not Paid through Centralized Payroll)**

Use this worksheet and the attached charts to calculate your combined Health Benefit Contribution.

Calculate Premium Percentages		CURRENT YEAR PHASE-IN AMOUNT	NEXT YEAR PHASE-IN AMOUNT
1.	Use the <b>SHBP Premium Rate Chart</b> and enter the premium amount for your SHBP Medical Plan at your selected Level of Coverage.	\$	\$
2.	Use the <b>Percentage of Premium Chart</b> for your Level of Coverage to find your Salary Range and Percentage of Premium amount.	%	%
3.	<b>Calculate your Medical Plan Contribution:</b> Multiply the Medical Plan Premium by the Premium Percentage.	\$	\$
<i>(For example: If NJ DIRECT15, Family coverage is \$1,793.53 per month, and your premium percentage is 10.0%; the calculation is \$1,793.53 X 0.10 = \$179.35 per month.)</i>			
4.	Use the <b>SHBP Premium Rate Chart</b> and enter the premium amount for the SHBP Prescription Drug Plan associated with your Medical Plan at your selected Level of Coverage.	\$	\$
5.	Use the <b>Percentage of Premium Chart</b> for your Level of Coverage to find your Salary Range and Percentage of Premium amount.	%	%
6.	<b>Calculate any Prescription Drug Plan Contribution:</b> Multiply the Prescription Drug Plan Premium by the Premium Percentage.	\$	\$
7.	<b>Add Line #3 and Line #6.</b> <i>(Medical Plan Contribution + Prescription Drug Plan Contribution)</i>	\$	\$
<b>Calculate Minimum Required Contribution</b> <i>Employees must pay a <b>minimum</b> of 1.5% of Annual Salary</i>			
8.	Enter your total Annual Salary.	\$	\$
9.	<b>Multiply</b> your Annual Salary by 1.5% (Salary X 0.015).	X 0.015	X 0.015
10.	This is your 1.5% Minimum <i>annual</i> percentage of salary.	\$	\$
11.	<b>Divide</b> the annual amount on Line #10 by 12 months.	÷ 12	÷ 12
12.	This is the minimum monthly amount you are required to contribute.	\$	\$
<b>Your Health Benefit Contribution</b>			
13.	If the amount on Line #7 is larger than the amount on Line #12, enter it here. Otherwise, enter the amount on Line #12.	\$	\$
<b>This is Your Monthly Required Contribution</b>			

*The calculations from this worksheet are approximations  
and may differ from the actual amounts deducted from payroll.*

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY  
**DIVISION OF PENSIONS AND BENEFITS**  
**STATE HEALTH BENEFITS PROGRAM**  
**SHBP PLAN PREMIUM RATE CHART**

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #203	
<b>AETNA FREEDOM15 #180</b>	
Single	\$673.41
Member & Spouse/Partner	\$1,346.82
Family	\$1,811.47
Parent & Child	\$1,138.06
<b>NJ DIRECT15 #150</b>	
Single	\$666.74
Member & Spouse/Partner	\$1,333.48
Family	\$1,793.53
Parent & Child	\$1,126.79
<b>AETNA HMO #005</b>	
Single	\$645.27
Member & Spouse/Partner	\$1,290.55
Family	\$1,735.78
Parent & Child	\$1,090.51
<b>HORIZON HMO #011</b>	
Single	\$638.81
Member & Spouse/Partner	\$1,277.64
Family	\$1,718.40
Parent & Child	\$1,079.59
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$184.53
Member & Spouse/Partner	\$369.07
Family	\$496.39
Parent & Child	\$311.86
Medical Plans Available with Prescription Drug Program #205	
<b>AETNA FREEDOM1525 #063</b>	
Single	\$654.55
Member & Spouse/Partner	\$1,309.11
Family	\$1,760.74
Parent & Child	\$1,106.19
<b>NJ DIRECT1525 #051</b>	
Single	\$648.07
Member & Spouse/Partner	\$1,296.15
Family	\$1,743.31
Parent & Child	\$1,095.24
<b>AETNA HMO1525 #061</b>	
Single	\$627.21
Member & Spouse/Partner	\$1,254.41
Family	\$1,687.19
Parent & Child	\$1,059.98
<b>HORIZON HMO1525 #053</b>	
Single	\$620.93
Member & Spouse/Partner	\$1,241.87
Family	\$1,670.30
Parent & Child	\$1,049.37
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$167.37
Member & Spouse/Partner	\$334.75
Family	\$450.23
Parent & Child	\$282.86

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**SHBP PLAN PREMIUM RATE CHART**

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #206	
<b>AETNA FREEDOM2030 #064</b>	
Single	\$615.49
Member & Spouse/Partner	\$1,230.99
Family	\$1,655.67
Parent & Child	\$1,040.18
<b>NJ DIRECT2030 #052</b>	
Single	\$609.40
Member & Spouse/Partner	\$1,218.80
Family	\$1,639.29
Parent & Child	\$1,029.89
<b>AETNA HMO2030 #062</b>	
Single	\$589.77
Member & Spouse/Partner	\$1,179.56
Family	\$1,586.48
Parent & Child	\$996.71
<b>HORIZON HMO2030 #054</b>	
Single	\$583.88
Member & Spouse/Partner	\$1,167.76
Family	\$1,570.64
Parent & Child	\$986.76
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$170.34
Member & Spouse/Partner	\$340.65
Family	\$458.21
Parent & Child	\$287.87
Medical Plans Available with Prescription Drug Program #207	
<b>AETNA FREEDOM2035 #066</b>	
Single	\$529.32
Member & Spouse/Partner	\$1,058.65
Family	\$1,423.87
Parent & Child	\$894.55
<b>NJ DIRECT2035 #056</b>	
Single	\$524.08
Member & Spouse/Partner	\$1,048.16
Family	\$1,409.78
Parent & Child	\$885.70
<b>AETNA HMO2035 #065</b>	
Single	\$507.21
Member & Spouse/Partner	\$1,014.41
Family	\$1,364.39
Parent & Child	\$857.18
<b>HORIZON HMO2035 #055</b>	
Single	\$502.14
Member & Spouse/Partner	\$1,004.27
Family	\$1,350.76
Parent & Child	\$848.62
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$153.31
Member & Spouse/Partner	\$306.61
Family	\$412.40
Parent & Child	\$259.09

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**SHBP PLAN PREMIUM RATE CHART**

PLAN/COVERAGE DESCRIPTION	TOTAL
High Deductible Health Plans with Built In Prescription Drug	
<b>AETNA VALUE HD4000 #092</b>	
Single	\$474.81
Member & Spouse/Partner	\$949.63
Family	\$1,277.24
Parent & Child	\$802.43
<b>NJ DIRECT HD4000 #090</b>	
Single	\$452.01
Member & Spouse/Partner	\$904.03
Family	\$1,215.91
Parent & Child	\$763.90
<b>AETNA VALUE HD1500 #093</b>	
Single	\$704.20
Member & Spouse/Partner	\$1,408.42
Family	\$1,894.30
Parent & Child	\$1,190.10
<b>NJ DIRECT HD1500 #091</b>	
Single	\$670.38
Member & Spouse/Partner	\$1,340.78
Family	\$1,803.32
Parent & Child	\$1,132.94

For copayments and deductibles, please refer to the *Plan Design Charts* on our Web site at: [www.nj.gov/treasury/pensions](http://www.nj.gov/treasury/pensions)

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY  
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**STATE HEALTH BENEFITS PROGRAM**  
**PERCENTAGE OF PREMIUM CHARTS**  
**For Health Benefit Contributions under Chapter 78, P.L. 2011**

**Note:** The following charts reflect the phase-in of contribution levels for employees employed on the contribution's effective date who will pay  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$  and the full amount of the contribution rate during the phase-in years.

New employees hired on or after June 28, 2011, the effective date of Chapter 78, P.L. 2011, contribute at the highest percentage level (Year 4).

**HEALTH BENEFITS CONTRIBUTION FOR SINGLE COVERAGE**  
**(PERCENTAGE OF PREMIUM)\***

Salary Range	Four Year Phase-In <i>Use dates indicated or as otherwise determined by contract</i>			
	Year 1 July 2011 to June 2012	Year 2 July 2012 to June 2013	Year 3 July 2013 to June 2014	Year 4 July 2014 and after
less than 20,000	1.13%	2.25%	3.38%	4.50%
20,000-24,999.99	1.38%	2.75%	4.13%	5.50%
25,000-29,999.99	1.88%	3.75%	5.63%	7.50%
30,000-34,999.99	2.50%	5.00%	7.50%	10.00%
35,000-39,999.99	2.75%	5.50%	8.25%	11.00%
40,000-44,999.99	3.00%	6.00%	9.00%	12.00%
45,000-49,999.99	3.50%	7.00%	10.50%	14.00%
50,000-54,999.99	5.00%	10.00%	15.00%	20.00%
55,000-59,999.99	5.75%	11.50%	17.25%	23.00%
60,000-64,999.99	6.75%	13.50%	20.25%	27.00%
65,000-69,999.99	7.25%	14.50%	21.75%	29.00%
70,000-74,999.99	8.00%	16.00%	24.00%	32.00%
75,000-79,999.99	8.25%	16.50%	24.75%	33.00%
80,000-94,999.99	8.50%	17.00%	25.50%	34.00%
95,000 and over	8.75%	17.50%	26.25%	35.00%

\* Member contribution is a minimum of 1.5% of base salary towards Health Benefits

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**HEALTH BENEFITS CONTRIBUTION FOR FAMILY COVERAGE**  
**(PERCENTAGE OF PREMIUM)\***

Salary Range	Four Year Phase-In <i>Use dates indicated or as otherwise determined by contract</i>			
	Year 1 July 2011 to June 2012	Year 2 July 2012 to June 2013	Year 3 July 2013 to June 2014	Year 4 July 2014 and after
less than 25,000	0.75%	1.50%	2.25%	3.00%
25,000-29,999.99	1.00%	2.00%	3.00%	4.00%
30,000-34,999.99	1.25%	2.50%	3.75%	5.00%
35,000-39,999.99	1.50%	3.00%	4.50%	6.00%
40,000-44,999.99	1.75%	3.50%	5.25%	7.00%
45,000-49,999.99	2.25%	4.50%	6.75%	9.00%
50,000-54,999.99	3.00%	6.00%	9.00%	12.00%
55,000-59,999.99	3.50%	7.00%	10.50%	14.00%
60,000-64,999.99	4.25%	8.50%	12.75%	17.00%
65,000-69,999.99	4.75%	9.50%	14.25%	19.00%
70,000-74,999.99	5.50%	11.00%	16.50%	22.00%
75,000-79,999.99	5.75%	11.50%	17.25%	23.00%
80,000-84,999.99	6.00%	12.00%	18.00%	24.00%
85,000-89,999.99	6.50%	13.00%	19.50%	26.00%
90,000-94,999.99	7.00%	14.00%	21.00%	28.00%
95,000-99,999.99	7.25%	14.50%	21.75%	29.00%
100,000-109,999.99	8.00%	16.00%	24.00%	32.00%
110,000 and over	8.75%	17.50%	26.25%	35.00%

\*Member contribution is a minimum of 1.5% of base salary towards Health Benefits

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY  
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**HEALTH BENEFITS CONTRIBUTION FOR  
MEMBER/SPOUSE/PARTNER OR PARENT/CHILD COVERAGE  
(PERCENTAGE OF PREMIUM)\***

Salary Range	Four Year Phase-In			
	<i>Use dates indicated or as otherwise determined by contract</i>			
	<b>Year 1</b> July 2011 to June 2012	<b>Year 2</b> July 2012 to June 2013	<b>Year 3</b> July 2013 to June 2014	<b>Year 4</b> July 2014 and after
less than 25,000	0.88%	1.75%	2.63%	3.50%
25,000-29,999.99	1.13%	2.25%	3.38%	4.50%
30,000-34,999.99	1.50%	3.00%	4.50%	6.00%
35,000-39,999.99	1.75%	3.50%	5.25%	7.00%
40,000-44,999.99	2.00%	4.00%	6.00%	8.00%
45,000-49,999.99	2.50%	5.00%	7.50%	10.00%
50,000-54,999.99	3.75%	7.50%	11.25%	15.00%
55,000-59,999.99	4.25%	8.50%	12.75%	17.00%
60,000-64,999.99	5.25%	10.50%	15.75%	21.00%
65,000-69,999.99	5.75%	11.50%	17.25%	23.00%
70,000-74,999.99	6.50%	13.00%	19.50%	26.00%
75,000-79,999.99	6.75%	13.50%	20.25%	27.00%
80,000-84,999.99	7.00%	14.00%	21.00%	28.00%
85,000-99,999.99	7.50%	15.00%	22.50%	30.00%
100,000 and over	8.75%	17.50%	26.25%	35.00%

\*Member contribution is a minimum of 1.5% of base salary towards Health Benefits